

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 3775
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: POROUS INTERVERTEBRAL
DISTRACTION SPACERS
Attorney Docket Number:: SPINE 3.0-441 CONT CONT
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: D.
Family Name:: Ralph
City of Residence:: Seaside Park
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: P.O. Box 99
City of mailing address:: Seaside Park
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08752

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Family Name:: Tatar
City of Residence:: Montville
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 45 Upper Mountain Avenue
City of mailing address:: Montville
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: J.
Family Name:: Errico
City of Residence:: Summit
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 5 Crest Acre Court
City of mailing address:: Summit
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07901

Correspondence Information

Correspondence Customer Number:: 00530

Representative Information

Representative Customer Number:: 51640

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/223,148	10/04/02
10/223,148	Continuation of	09/906,123	07/16/01

Foreign Priority Information**Assignee Information**

Assignee name:: SpineCore, Inc.

Street of mailing address:: 475 Springfield Ave
4th Floor

City of mailing address:: Summit

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07901

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18.
Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Kevin M. Kocun/	Date	May 14, 2010
Name (Print/Type)	Kevin M. Kocun	Registration No. (Attorney/Agent)	54,230